

# PROVINCIAL BRICK ICI EMPLOYER REPORT

LOCAL UNION NO.

5

PLEASE COMPLETE AND  
SUBMIT A SEPARATE  
REPORT FOR EACH LOCAL

Administrator:  
Global Benefits  
88 St Regis Crescent South  
Toronto, ON M3J 1Y8

**BACU CANADA/OPC - MIECO/OBBC**  
Bricklayers, Stonemasons and Plasterers

**CONTRIBUTIONS, REMITTANCES & DEDUCTIONS**

Tel.: (416) 635-6000  
Fax: (416) 635-6464  
Toll Free: 1-800-663-4500

(PLEASE FILL IN THIS FORM USING A BALLPOINT PEN)

ICI	RES	ELECTRIC POWER
-----	-----	-------------------

#	EMPLOYEE'S NAME <small>(PLEASE PRINT SURNAME FIRST)</small>	INITIAL	EMPLOYEE'S SOCIAL INSURANCE NUMBER	HOURS EARNED	PROJECT NAME
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
ADMINISTRATOR'S USE ONLY		<b>TOTALS THIS SHEET</b>			
		<b>TOTALS ALL SHEETS</b>			
Code No:					

**SECTION 1 - EMPLOYEE DEDUCTIONS**

**BACU CHECK OFF (REFER TO BACK OF FORM)**

Total Hours .....	X	\$	
Adjustments if any .....		\$	
Union Dues (Local 20 only) .....		¢ \$	
(A) Total Employee Contributions .....		\$	

**SECTION 2 - EMPLOYER CONTRIBUTION**

**MEMBERS PENSION TRUST**

Current Members Pension (Total Hours) .....	X	¢ \$	
Pension Stabilization .....		\$	
Adjustments if any .....		\$	
(B) Total Pension .....		\$	

**WELFARE BENEFITS TRUST FUND (LOCALS 5, 10, 12, 20 & 23)**

Benefits (Total Hours) .....	X	\$ \$	
Salaried Workers .....		\$	
RST% - 8% (HST Exempt) of Benefits and Salaried Workers .....		\$	
Local Industry Fund (Bricklayers Local 10) (Total Hours) .....	X	\$ \$	
Check-off dues (Local 20 only) (Total Hours) .....	X	¢ \$	
Local Training (Local 20 only) (Total Hours) .....	X	¢ \$	
Adjustments if any .....		\$	
(C) Total Benefit Fund .....		\$	

**TOTAL CHEQUE AMOUNT FOR SECTIONS 1 & 2**

TOTAL FOR ALL SHEETS .....

**SECTION 3 - EMPLOYER REMITTANCE**

**INDUSTRY AND TRAINING**

Total Hours .....	X	¢ \$	
HST Calculation Total Hours x 68¢, Employer Contribution x 13% .....		\$	
Adjustments if any .....		\$	
OMCA HST Registration #R107798316			
Total Employer Contributions .....		\$	

**TOTAL CHEQUE AMOUNT FOR SECTION 3** .....

SEND CHEQUE for SECTION 3  
Payable to "Global Benefits in Trust"  
Together with canary remittances and any attachments to:

MIECO/OBBC - Lockbox #T07423C  
MAIL: Global Benefits in Trust • MIECO Lockbox #T07423C  
PO Box 7423, STN A, Toronto, ON M5W 2C1  
COURIER OPTION: 4 Prince Andrew Place, Toronto, ON M3C 2H4

This is Sheet No. \_\_\_\_\_ of \_\_\_\_\_ Sheets

Report for Work Month \_\_\_\_\_

Employer's Name \_\_\_\_\_

Address (St. & No.) \_\_\_\_\_

City & Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Email \_\_\_\_\_

**SEND CHEQUE for SECTIONS 1 & 2**  
Payable to "Brick and Allied Craft Union of Canada/BACU"  
together with white & green remittances and any attachments (in duplicate) to:

Mail to:  
BACU Canada  
180 Attwell Drive, Suite 130  
Etobicoke, ON M9W 6A9

**Employer Instructions: Employers MUST complete the following**

- This is our final report for Local noted above  check
- Our Company had no employees for Month(s) reported herein "Nil Report"  check  
Other (specify) \_\_\_\_\_
- We require a supply of report form  check
- Local Union form attached  check

Mail pink copy to Local Union, covered by the report. Retain goldenrod copy for your files.

Member of the Office or Firm ..... Date .....